Journal of

AoME

ACADEMY OF MEDICAL EDUCATORS

Volume 1
February to December 2026



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Journal DOI
10.18573/ISSN. 2977-5981
Issue DOI
10.18573/jaome.v1

Journal design by Hugh Griffiths

Cardiff University Press

The Journal of the Academy of Medical Educators

Physician Associates: A uniquely placed, yet underutilised, workforce for research and other scholarly activities

Ross Raymond-Jones
Liam Allan

doi.org/10.18573/jaome.21

Accepted for publication 30 July 2026

To cite this article

Raymond-Jones R; Allan L **Physician Associates: A uniquely placed, yet underutilised, workforce for research and other scholarly activities** *The Journal of the Academy of Medical Educators.* 2026 1(1). doi.org/10.18573/jaome.21

Author information

Ross Raymond-Jones
Plymouth University
ross.raymond-jones@plymouth.ac.uk
corresponding author

Liam Allan
NHS Highland
liam.allan@nhs.scot

Introduction

Physician Associates (PAs) are defined by the Care Quality Commission as "healthcare professionals who are trained to the medical model" and have been providing care for United Kingdom (UK) National Health Service (NHS) patients, across hospital and community areas, for over 20 years.[1,2] Despite this history, alongside a recent government review of the profession, there remains a significant shortage of workforce research pertaining to UK based PA practice.[2]

Alongside this, the UK Government have committed investment and infrastructure to transform the clinical research system, however concerning trends in workforce data demonstrate a lack of clinical academic medical staff available to lead research and deliver teaching in UK medical schools.[3,4] PA generalist clinical training equips them to support delivery of health professions education.[9] Their health science background and the continuity they provide within clinical settings position them well to support clinical research delivery, drive innovation, and lead on workforce research pertaining to the integration and development of their profession. As it stands, the PA profession has little to no formal career progression and research or scholarship activities are not an expectation of standard clinical employment. In the USA, over half of PA educators have published and PAs are noted to have been principal investigators.[11,12]

> *"As it stands, the PA profession has little to no formal career progression and research or scholarship activities are not an expectation of standard clinical employment."*

For those PAs that are involved in academia in the UK, they predominately occupy the teaching element of Finchers teaching and scholarship pyramid with no formalised pathways for development.[13] Many PAs are involved in service development and quality improvement projects, however for the purpose of this paper we define research as the structured generation and dissemination of new knowledge.

Following the Leng review, NHS England have been tasked with developing an Advanced PA Pathway, which, if modelled on their previous work in developing advanced practice pathways, may look to encompass research and scholarship as a core component.[14,15] Considering these current developments in the PA workforce and the previously described shortages in academia, this paper aims to highlight the potential for formalising the role of the PA Clinical Academic (PACA), i.e. PAs working in collaboration with expert medical doctors to deliver clinical care, research, teaching and other scholarly activities across healthcare providers and academic institutions.[17] Similarly with doctors, a pathway to becoming a PACA could formally and transparently bridge clinical and academic roles.[16]

The potential roles of the PACA will be explored in this commentary through the lens of four potential areas of impact that are mapped to Finchers teaching and scholarship pyramid and how the PA profession is uniquely positioned to contribute to these areas: clinical education, PA workforce research, clinical research, and service evaluation.[13]

Clinical education (Scholarly teaching/ Scholarship of teaching)

PAs, having or working towards formal post qualification training in clinical education, are employed by higher education institutions in the UK to deliver teaching to a range of health professional students.[8] Although this role is not well documented, a recent study describes how PAs play a valuable role in the education of PA students alongside their medical doctor and multidisciplinary colleagues.[8] This model was found to support quality interprofessional learning and effective role modelling. Importantly, the same study highlighted that 75% of those studied continued to work clinically alongside their role in clinical education.[8]

PAs can support and lead clinical education for PA and other healthcare professional students. One area of potential application is interprofessional education, where students learn

to work collaboratively with other professionals using team based approaches. The PA skillset includes proficiency in interprofessional working and can role model good practice in knowledge aligned to clinical practice.[9]

PA workforce research (Discovery / Integration)

Owing to the nascent nature of this profession, evidence base around the PA workforce in the UK is limited to mainly observational studies or those with small sample size recruitment.[1] The PA community generally agree that there is a paucity of quality research pertaining to PA workforce integration and development in the UK when compared with other countries with more established programmes, such as the US, Netherlands and Canada.[5] Recent research in Scotland suggests that very few PAs currently carry out research, despite a strong desire to do so.[6] Although PAs are taught to apply the scientific method to research as part of their core training, a significant limitation is thought to be the shortage of PAs being supported to develop further clinical research skills post qualification.[5,18] Accredited research training opportunities are available to all healthcare professionals, including PAs, however owing to the clinical focus of their roles, there may be less opportunity to develop academic skills due to time constraints and clinical commitments.

> *"If PAs were to be supported through the development of PACA roles, the shortfall of quality research around the integration of this workforce could be addressed."*

The PAs role and training, in addition to lived experience uniquely position them to contribute to PA workforce research. If PAs were to be supported through the development of PACA roles, the shortfall of quality research around the integration of this workforce could be addressed. PAs usually have a health or science professional background prior to undertaking clinical training and are uniquely placed to develop the skills and expertise required to robustly investigate issues faced by their profession.[6]

Clinical research (Discovery)

The UK Government has recently reviewed and overhauled delivery of clinical research, with the aim of collaborative working with devolved nations to "make the UK a world leader in clinical trials".[3] This renewed approach requires the involvement and expertise of a variety of healthcare professionals to deliver quality clinical research, particularly in primary and community care settings. PAs, as clinical practitioners with experience in a health or science discipline, may offer a useful workforce to augment the work of research teams, increasing skill mix and adding to the pool of research active practitioners in the NHS. An area of potential application is in the field of implementation and dissemination science, namely the study of strategies and methods which influence the adoption of evidence-based practice in real life clinical settings.[7] Skills garnered in the generalist clinical and prior scientific training of the PA could be enhanced to support, and potentially lead, research looking at the uptake and alignment with evidence-based practices in the clinical environment. This, paired with the continuity PAs provide to clinical areas may also lend itself to supporting longer term studies relating to clinical care.[6]

Unlike the majority of other professions involved in clinical research, PAs do not currently have a formal career progression structure and therefore have limited opportunities for advancement. The opportunity for recognition as a PACA, via a clinical research pathway, provides PAs with an opportunity to utilise their unique position within medical teams to benefit clinical research and support career development.

Service Evaluation (Application)

Continuity within the medical team is a valued attribute to the PA role, distinguishing it from the rotational nature of many resident doctor positions.[10] This continuity enables PAs to develop rich insights into local patient populations, system level processes, and team dynamics within their workplace. Such institutional and population level knowledge, paired with the ability to support or lead service evaluations and monitor outcomes longitudinally, may position PAs

as catalysts for meaningful change within complex healthcare environments.

"Continuity within the medical team is a valued attribute to the PA role, distinguishing it from the rotational nature of many resident doctor positions."

Engaging staff through service evaluation involvement not only has the potential to improve patient outcomes but may also improve staff retention.[6] By identifying and addressing factors that contribute to frustration or staff turnover, PAs can help cultivate a more sustainable and positive working environment for all professions within the team. For PAs themselves, this sense of agency and impact may enhance job satisfaction and strengthen their own retention. In turn, this prolongs the continuity they are able to offer, protecting the accumulated local institutional knowledge that could otherwise be lost.

"Alongside delivery of clinical services, experienced PAs may offer an available workforce that is well suited to teaching and research roles to support these objectives."

Conclusion

The challenge posed to the healthcare sector to meet education and research objectives in a system with fewer clinical academic staff is significant, but not insurmountable. Alongside delivery of clinical services, experienced PAs may offer an available workforce that is well suited to teaching and research roles to support these objectives. Formal research is required to evaluate areas where PACAs can contribute most effectively, to determine how they can be supported, and to develop standard training pathways for experienced PAs to develop and be recognised for their contributions to academia. In supporting enhanced capability, there is a requirement for the establishment of a career development framework to support PAs to become established researchers.

References

1. Care Quality Commission (2024) 'GP mythbuster 82: Physician associates in general practice', Available online at: https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-82-physician-associates-general-practice [Accessed 24 October 2025].

2. Department of Health and Social Care (2025) 'The Leng review: an independent review into physician associate and anaesthesia associate professions', Available online at: https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report/the-leng-review-an-independent-review-into-physician-associate-and-anaesthesia-associate-professions#executive-summary-and-recommendations [Accessed 24 October 2025]

3. Department of Health and Social Care (2025) 'Transforming the UK clinical research system: August 2025 update', Available online at: https://www.gov.uk/government/publications/transforming-the-uk-clinical-research-system-august-2025-update/transforming-the-uk-clinical-research-system-august-2025-update [Accessed 24 October 2025].

4. Waldock, W.J. et al. (2024) 'Is there a sufficient supply of clinical academics for UK medical schools? A retrospective cohort study', BMJ Open, DOI:10.1136/bmjopen-2024-086211.

5. Ritsema, T.S., and Donaldson-Perrott, A. (2025) 'Physician associates want their profession to have appropriate regulation and oversight', British Medical Journal, DOI:10.1136/bmj.r472.

6. Allan, L. et al. (2025) 'PA profession in Scotland: Current landscape and future directions', Journal of the American Academy of Physician Associates, DOI:10.1097/01.JAA.0000000000000266.

7. Shelton, R.C., and Brownson, R.C. (2024) 'Enhancing impact: A call to action for equitable implementation science', Prevention Science, 25(1), pp. 174-189.

8. Reeve, S. et al. (2025) 'A survey of the current UK physician associate educator workforce and recommendations for courses and provider organizations', The Journal of Physician Assistant Education, DOI:10.1097/JPA.0000000000000645.

9. Goins, E.C. et al. (2024) 'A single institution, cross-sectional study on medical student preferences for collaborators in interprofessional education', BMC Medical Education, DOI:10.1186/s12909-023-05006-5.

10. Drennan, V.M. et al. (2019) 'The role of physician associates in secondary care: the PA-SCER mixed-methods study', Health Services and Delivery Research, 7(19). DOI:10.3310/hsdr07190.

11. Roberts, A.L. et al. (2025) 'An update on scholarly productivity for Physician Assistnt/Associate faculty', The Journal of Physician Assistant Education 36(1):p e74-e79, DOI: 10.1097/JPA/0000000000000641.

12. Nalepinski, C.E.G. (2023) 'PAs as principal investigators of FDA-regulated clinical trials', Journal of the American Academy of Phyisician Associates, DOI: 10.1097/01.JAA.0000931416.49268.b2.

13. Fincher, R-M.E., and Work, J.A. (2006) 'Perspectives on the scholarship of teaching', Medical Education, DOI:10.1111/j.1365-2929.2006.02404.x.

14. Department of Health and Social Care (2025) 'The Leng review: an independent review into physician associates and anaesthesia associate professions', Available online at: https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report/the-leng-review-an-independent-review-into-physician-associate-and-anaesthesia-associate-professions [Accessed 22 June 2026].

15. NHS England (2017) 'Multi-professional framework for advanced clinical practice in England', Available online at: http://i.clinref.com/data/uploads/docs/Multi-professional-framework-for-advanced-clinical-practice-in-England.pdf [Accessed 22 June 2026].

16. Funston, G. et al (2015) 'The road to a clinical academic career', British Medical Journal, DOI:10.1136/bmj.h786.

17. NHS England (2024) 'What is a clinical academic?', Available online at: https://nshcs.hee.nhs.uk/healthcare-science/careers-in-healthcare-science/clinical-academic-careers/what-is-a-clinical-academic/ [Accessed 22 June 2026].

18. General Medical Council (2026) 'Physician associate and anaesthesia associate generic and shared learning outcomes', Available online at: https://www.gmc-uk.org/cdn/documents/pa-and-aa-generic-and-shared-learning-outcomes_pdf-87633490.pdf [Accessed 22 June 2026].

Declarations

Funding: N/A

Conflicts of Interest: Both authors are Physician Associates who hold leadership positions within the profession.

Ethical Approval: Not required.

Authors Contributions: Conceptualisation, methodology, writing (original draft), review & editing.